DEPARTMENT OF HEALTH AND HUMAN SERVICES HEALTH CARE FOLLOWING ADMINISTRATION

Johnson (02-11)

Approved; /0/08/02

Effective; 01/01/03 FORM APPROVED OMB NO. 0938-0193

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TRANSMITTAL AND NOTICE OF APPROVAL OF	1. TRANSMITTAL NUMBER:	2. STATE:
STATE PLAN MATERIAL HEALTHCARE FINANCING ADMINISTRATION	SPA #02-11	Kansas
	3. PROGRAM IDENTIFICATION: TITLE XIX	OF
	THE SOCIAL SECURITY ACT (MEDICAID	1)
TO: REGIONAL ADMINISTRATOR	4. PROPOSED EFFECTIVE DATE	
HEALTH CARE FINANCING ADMINISTRATION	THO GOLD ETTEOTIVE DATE	
DEPARTMENT OF HEALTH AND HUMAN SERVICES	January 1, 2003	
5. TYPE OF PLAN MATERIAL (Check One):		
☐ NEW STATE PLAN AMENDMENT TO BE CONSIDERED A	S NEW PLAN AMENDMENT	
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6. FEDERAL STATUTE/REGULATION CITATION:	7. FEDERAL BUDGET IMPACT	_
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#5., 1 ages 1-2	#9, Pages 1-2	
10. SUBJECT OF AMENDMENT:		
Dental Services		
11. GOVERNOR'S REVIEW (Check One):		
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Replacement Page Attachment 3.1-A #9., Page 1

Clinic Services Limitations

Ambulatory Surgical Centers

- Ambulatory surgical center services are limited to procedures approved by the Division of Medical Programs. Only medically necessary surgical procedures are covered with the exception that elective sterilization procedures are covered.
- 2. Refer to limitations described in Attachment 3.1-A, #5 (Physician Services) and #10 (Dental Services).

Local Health Departments

- 1. Home health skilled nursing services.
 - a. Home health skilled nursing services are covered only if located in a county not served by a home health agency meeting Medicare requirements. With the following exception:
 - i. Home visit to the newborn. This home visit is limited to one per consumer within 28 days after the birth date of the infant and must be performed by a registered nurse.
 - b. Home health skilled nursing services require a plan of treatment developed by a physician, and certification by a physician that home health services are needed.
 - c. Home health skilled nursing services must be provided by a registered nurse.
 - d. Medical supplies include but are not limited to dressing materials, disposable syringes, colostomy supplies and catheter supplies.
- 2. Family planning services.
 - Initial family planning visits are limited to one per recipient.
 - b. Annual family planning visits are limited to one per 12 months.
 - Interim family planning visits are limited to three per 12 months.
- The medical components of prenatal care are covered by designated local health departments.
- 4. Health promotion and risk reduction for pregnant recipients are limited to the following components:
 - a. Risk assessment by a nurse.
 - b. Confirmation of participation in or referral to prenatal care.
 - c. Report to medical provider of recipient's participation in the program.
 - d. Report to recipient on identified risks and suggested remedial measures.
 - e. Referral to appropriate support services.

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TN #MS #02-11 Approval Date _____Effective Date1/1/03 Supersedes MS #89-11

Replacement Page Attachment 3.1-A #9., Page 2

Clinic Services Limitations

- f. Follow-up contact each trimester following initial contact.
- g. Counseling and teaching in at least three face-to-face contacts.
- h. Nutrition visits for pregnant women who meet nutrition risk criteria.
- 5. Laboratory services and immunizations are limited to a state agency-approved listing.
- 6. Screening, diagnosis and treatment of sexually-transmitted diseases are covered, with the exception of testing for Acquired Immune Deficiency Syndrome which is free of charge.
- 7. Nursing assessments must be performed by registered nurses.
- 8. Dental services as described in 3.1-A, #10 #11 and 3.1-A, #4.b., pages 4 & 5.
- 9. See Attachment 3.1-A, #4.b., for Clinic services limitations for children under 21 years of age.

Maternity Centers

- Maternity center services are limited to those provided by state-licensed centers.
- 2. Services are limited to normal labor and delivery.

OCT 18 2002

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HEALTHCARE FINANCING ADMINISTRATION		
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	THE SOCIAL SECURITY ACT (MEDICAID)
TO: REGIONAL ADMINISTRATION	4. PROPOSED EFFECTIVE DATE	
HEALTH CARE FINANCING ADMINISTRATION DEPARTMENT OF HEALTH AND HUMAN SERVICES	January 1, 2003	
5. TYPE OF PLAN MATERIAL (Check One):	- Collidary 1, 2000	
☐ NEW STATE PLAN AMENDMENT TO BE CONSIDERED AS	S NEW PLAN AMENDMENT	
COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AME		(ment)
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12. SIGNATURE OF STATE AGENCY OFFICIAL:	16. RETURN TO:	
1 \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	Janet Schalansky, Secretary	
13. TYPED NAMÉ:	Social & Rehabilitation Services Docking State Office Building	
Janet Schalansky	915 SW Harrison, Room 651S	
14. TITLE:	Topeka, KS 66612-2210	
Secretary		
15. DATE SUBMITTED:		
August 19, 2002		
FOR REGIONAL O	FFICE USE ONLY	
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21. TYPED NAME: Thomas W. Lenz	22. TITLE: ARA for Medicaid & State Operations	
23. REMARKS:		
	SPA CONTROL	
	Date Submitted: 58/19/02	
	Date Received: 08/21/02	
FORM HCFA-179 (07-92) In	estructions on Back	

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